

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594353

FILING DATE

09240-6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		4				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12	1					
13	1					
14		2				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25		(1)				
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
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39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50						
TOTAL IND.	3		2			
TOTAL DEP.	26		22			
TOTAL CLAIMS	29		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						